

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.
10624505

FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3	2					
4	0					
5						
6	1					
7	1					
8	2					
9	2					
10	0					
11	0					
12	0					
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47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	3					
TOTAL CLAIMS	15					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						